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VIA FACSIMILE (703) 872-9319

15-CT-5419
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David M. Hoffman	:	
	:	Art Unit: 2882
Serial No.: 09/750,387	:	
	:	Examiner: Chih-Cheng Glen Kao
Filed: December 28, 2000	:	
	:	
For: METHODS AND APPARATUS	:	
FOR COMPUTED	:	
TOMOGRAPHIC CARDIAC OR	:	
ORGAN IMAGING	:	

AMENDMENT

Hon. Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated August 7, 2003, Applicant respectfully requests consideration of the following Amendment:

**ARMSTRONG TEASDALE LLP**

One Metropolitan Square, Suite 2600
St. Louis, Missouri 63102-2740
Phone: (314) 621-5070
Fax: (314) 621-5065
www.armstrongteasdale.com

Date: November 7, 2003

*Please Deliver To:***Name:** Examiner Chih-Cheng Glen Kao**Firm:** U.S. Patent and Trademark Office**Tel:** (703) 605-5298**Fax:** (703) 872-9319**From:** Thomas M. Fisher

Serial Number: 09/750,387

Docket: 15-CT-5419

PAPERS TRANSMITTED:


Amendment Transmittal (3 pgs.)

Amendment in response to Office Action
dated August 7, 2003 (27 pgs.)

RCE Transmittal (1 page)

Total pages including cover page: 31**If all pages are not received, please contact Thomas Fisher at (314) 621-5070, ext. 7462****CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 1-703-872-9319 on the date shown below.

Date: November 7, 2003
Thomas M. Fisher
Registration No. 47,564**Applicant:** David M. Hoffman**Serial No.:** 09/750,387**Filed:** December 28, 2000**Art Unit:** 2882**Examiner:** Chih-Cheng Glen Kao**Atty. Dkt. No.:** 15-CT-5419 (12553-210)**For:** METHODS AND APPARATUS FOR COMPUTED TOMOGRAPHIC
CARDIAC JOR ORGAN IMAGING**RECEIVED**
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PATENT
Attorney Docket No.: 15-CT-5419

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	David M. Hoffman	:	
		:	
		:	Group No.: 2882
Serial No.:	09/750,387	:	
		:	
		:	Examiner: Chih-Cheng Glen Kao
Filed:	December 28, 2000	:	
		:	
For:	METHODS AND	:	
	APPARATUS FOR	:	
	COMPUTED	:	
	TOMOGRAPHIC CARDIAC	:	
	OR ORGAN IMAGING	:	

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Amendment Transmittal (3 pages)
Amendment in Response to Office Action dated August 7, 2003 (27 pages)
Request for Continued Examination (1 page)

STATUS

- Applicant
☐ Claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL			=	x \$9 = \$		x \$18 = \$
INDEP.			=	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

5. Attached is a check in the sum of \$ _____
☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 070845.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 070845.
7. ☐ Other:



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